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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (I known)}	MM-DD-YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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	1	WO 96/31087	10/03/1996	COCHLEAR LTD.		
	2	WO 02/43623	06/06/2002	COCHLEAR LTD.		
	3	WO 02/080817	10/17/2002	COCHLEAR LTD.		
	4	WO 02/089907	11/14/2002	COCHLEAR LTD.		
•	5	WO 03/041092	05/15/2003	COCHLEAR LTD.		
	6	WO 03/043529	05/30/2003	Univ. of California		

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				Dr Relevant Figures Appear	Т	
	7	WO 03/043529	05/30/2003	Univ. of California		
	8	WO 03/090848	11/06/2003	COCHLEAR LTD.		
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